

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049477

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12821

STATE FILE NUMBER

FILED JAN 9 1964

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
St. Louis

Length of stay in 1b
1936

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY

c. CITY OR TOWN
St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
St. Louis Cronie Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS
(If outside, give location)
5800 Arsenal St

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
John Madison Hall

4. DATE OF DEATH
Month Day Year
December 25, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/26/1898

9. AGE (last birthday)

65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Refrigeration Mech. (Retired)

10b. KIND OF BUSINESS OR INDUSTRY
Schenberg Mkts.

11. BIRTHPLACE (City and state or country)
Newbern, Tennessee

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Emmett Wilson Hall

13b. MOTHER'S MAIDEN NAME

Lena Elixabeth Smith

14. NAME OF HUSBAND OR WIFE

Louise K. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Emmett M. Hall 7257 Lyndover

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Pneumonia, lobar, bilateral,
Contributing causes - Cerebral Edema
and Coronary Sclerosis.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

12/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

12/26/63

23c. NAME OF CEMETERY OR CREMATORY

Yorkville Cemetery

23d. LOCATION (City, town, or county)

Newbern, Tennessee

24. FUNERAL DIRECTOR

ADDRESS

Johnson Funeral Home; Newbern, Tennessee

25. DATE RECD. BY LOCAL REG.

DEC 26 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon S. Vedder

Licensed Embalmer No. 5031

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.